



Student Waiver Statement

This waiver is only valid for one academic year.

Last Name: _____ First Name: _____ M.I. _____
(Apellido) (Nombre)

SLU BandID: _____

I certify that I am a student attending Saint Louis University Madrid Campus. I further certify that as of this date, I give my permission to disclose to my parents, legal guardian or other party specified herein, information contained in my student records under the conditions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), Ley Orgánica 15/1999 de Protección de Datos de Carácter Personal (LOPD) and the European General Data Protection Law.

Names of parties or institutions covered herein: _____

In accordance with that established in the General Data Protection Regulation of Personal Data, we would like to inform you that your data will be incorporated into the systems of Saint Louis University in Spain, S.A., CIF A28654879, Avenida del Valle 34, 28003 Madrid, Spain (Spain) for the purpose attending to requests for information related to the above mentioned student.